



SOVEREIGN MILITARY HOSPITALLER ORDER OF
SAINT JOHN OF JERUSALEM OF RHODES AND OF MALTA
AMERICAN ASSOCIATION, U.S.A.

Affiliate Application

Auxiliary and Associate

Area _____ Archdiocese / Diocese _____

Applicant Name _____ Date of Birth _____ Auxiliary (age 18-39) Associate (age 40+)

Home Address _____

Home Telephone _____ Cell _____ Email _____

Name of Business _____ Profession _____

Business Address _____

Business Telephone _____ Business Email _____

Name of High School _____ Class of _____

Name of College _____ Class of _____

Parish, University or Military Chapel, or College Newman Club _____

Single or Married? _____

Order of Malta Sponsor _____ Order of Malta Area Chair _____

Current or Future Order of Malta Activities _____

I HEREBY CERTIFY THAT I HAVE NOT AND WILL NOT MAKE PUBLIC STATEMENTS, EITHER OFFICIAL (e.g., PRINTED NEWS) OR UNOFFICIAL (e.g., SOCIAL MEDIA), THAT COULD BE INTERPRETED AS CRITICAL OF OR OPPOSED TO THE TEACHING OF THE ROMAN CATHOLIC CHURCH ON MATTERS OF FAITH AND MORALS. I AUTHORIZE THE AMERICAN ASSOCIATION TO COMPLETE A BACKGROUND CHECK AND AGREE TO COMPLETE THE SAFE ENVIRONMENT TRAINING WHICH WILL BE PROVIDED ONCE MY APPLICATION HAS BEEN APPROVED.

Applicant Signature _____ Date _____

Sponsor Recommendation _____

Sponsor Signature _____ Date _____



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PLEASE READ: All Members of the American Association are required to have a background check and complete some type of Safe Environment Training Program, either through the Archdiocese of New York or your local diocese, to fulfill the requirements set forth by the Board of Councillors of the Association. We ask that you read the following important information regarding the American Association's Background Check Authorization. Your Social Security Number is required in order for the American Association to complete a background check. For security purposes, you must contact the NY Office at (212) 371-1522 to provide your Social Security Number AFTER reading the information below. This is a required step in the Admissions Application process.

Area Chair Review

Approve Reject

Area Chair Comments

Area Chair Signature _____ Date _____

Instructions

Applicant: Complete the application by providing all requested information, sign the form, and send the form to your sponsor so they can complete their section.

Sponsor: Complete the Sponsor Recommendation at the bottom of page 1 of the application, providing details as to why you believe the application should be approved and sign the form. Once signed, please forward the completed application to the Area Chair and Chair of the Affiliates Committee

Area Chair: Review the application / sponsor recommendation and indicate approval or rejection. If rejecting, please be specific in the Area Chair Comments section as to why the application was rejected. Once signed, please forward the completed application to Rev. Dr. Jeffrey R. Trexler, Executive Director (jtrexler@orderofmaltaamerican.org).